## **Application Data Sheet**

## **Application Information**

Application number::

Filing Date:: 06/19/03

Application Type:: Regular

Subject Matter:: Utility

Suggested Group Art Unit:: 3739

Title:: METHOD AND SYSTEMS FOR LASER

TREATMENT OF PRESBYOPIA USING

**OFFSET IMAGING** 

Attorney Docket Number:: 018158-011140US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity?:: No

Petition included?:: No

Secrecy Order in Parent Appl.:: No

## **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: MARC

Family Name:: ODRICH

City of Residence:: Riverdale

State or Province of Residence:: NY

Country of Residence:: US

Street of Mailing Address:: 1 Hudson River Road

City of Mailing Address:: Riverdale

State or Province of mailing address:: NY

Country of mailing address:: US

Postal or Zip Code of mailing address:: 10471

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity
Given Name:: KENNETH

Family Name:: GREENBERG

City of Residence:: Ridgefield

State or Province of Residence:: CT
Country of Residence:: US

Street of Mailing Address:: 210 Ramapoo Road

City of Mailing Address:: Ridgefield

State or Province of mailing address:: CT
Country of mailing address:: US

Postal or Zip Code of mailing address:: 06877

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: JEROME

Middle Name:: A.

Family Name:: LEGERTON

City of Residence:: San Diego

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 874 Harbor View Place

City of Mailing Address:: San Diego

State or Province of mailing address:: CA
Country of mailing address:: US

Postal or Zip Code of mailing address:: 92106

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: CHARLES

Middle Name:: R.

Family Name:: MUNNERLYN

City of Residence:: San Jose

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1731 Marseilles Court

City of Mailing Address:: San Jose

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95138

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: JOHN

Middle Name:: K.

Family Name:: SHIMMICK

City of Residence:: Belmont

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 1100 Lassen Drive

City of Mailing Address:: Belmont

State or Province of mailing address:: CA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 95002

**Correspondence Information** 

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

## **Domestic Priority Information**

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This Application Continuation of 09/901,964 07/09/01 09/901,964 Divisional of 09/261,768 03/04/99 09/901,964 Priority under 37 CFR §1.78(a) 60/076,786 03/04/98

**Assignee Information** 

Assignee Name:: VISX, Incorporated

Street of mailing address:: 3400 Central Expressway

City of mailing address:: Santa Clara

State or Province of mailing address:: California

Country of mailing address:: US

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